(Revised 06/2012)

Only

STATEMENT OF

PAGE 1 / 62 =

FEC FORM 1		_	ANIZ	ATION				Office (Use Only		
1. NAME OF COMMITTEE (ir	n full)	(Check is chan	if name ged)	Example:If to		12F	E4M5				
NRSC											
ADDRESS (number o	nd atract\	425 2ND STREE	ET NE								
ADDRESS (number a (Check if a is changed)	address	WASHINGTON						20000			
		WASHINGTON CITY				STATI	J L	20002	ZIP	CODE	<u> </u>
COMMITTEE'S E-MA	AIL ADDRE	SS									
(Check if a is changed		kbroghamer	@nrsc.org					1 1			
		Optional Secon	d E-Mail Add	dress							
COMMITTEE'S WEB (Check if a is changed	address	DRESS (URL) www.nrsc.org									
2. DATE 0	3 / 29		Y								
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C co	00027466							
4. IS THIS STATEM	MENT	NEW (N)	OR	x AM	ENDED (A)						
certify that I have e	examined th	is Statement and	to the best	of my knowledg	e and belief	it is true,	correct a	and cor	nplete.		
Type or Print Name	of Treasure	DAVIS, KEITH,	,,				M = M	/	D /	V	YYY
Signature of Treasure	er <i>DAVI</i> .	S, KEITH, , ,		[Electron	ically Filed]	Date	03] / [B	29)21
NOTE: Submission of		ous, or incomplete						the pena	alties of	2 U.S.C	;. §437g.
Office Use					er information Election Commis				C FC)RM 1	1

Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE ate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.))
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affi		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	(Dama ayatia
(d)	This committee is a NAT (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
C	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na	ame	
NRSC		
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
YOUNG VICTORY	COMMITTEE	
Mailing Address	PO BOX 3743	
Mailing Address		
	CARMEL IN 460	082
	CITY STATE	ZIP CODE
Relationship: Connec	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
	s, KEITH, , ,	
Full Name	425 2ND STREET NE	
Mailing Address		
	WASHINGTON , DC , 20	0002
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 202	- 675 - 6000
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and t g., assistant treasurer).	he name and address of
Full Name DAVIS, of Treasurer	, KEITH, , ,	
Mailing Address	425 2ND STREET NE	
	WASHINGTON DC 200	002 ZIP CODE
Title or Position		- 675 6000

I LO I OIIII I (F	Revised 02/2009)	Page 4
Full Name of Designated Agent MAR	RTIN, HEATHER, , ,	
Mailing Address	425 2ND STREET NE	
	WASHINGTON DC 2000 CITY STATE	ZIP CODE
Title or Position ASSISTANT TREASU	JRER Telephone number	675 - 6000
	indintains fanas.	
safety deposit boxes of Name of Bank, Depos	NK OF NEVADA	
Name of Bank, Depos	sitory, etc.	
Name of Bank, Depos	NK OF NEVADA	8 1
Name of Bank, Depos	ANK OF NEVADA 8505 CENTENNIAL PKWY	8
Name of Bank, Depos	ANK OF NEVADA 8505 CENTENNIAL PKWY LAS VEGAS CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	ANK OF NEVADA 8505 CENTENNIAL PKWY LAS VEGAS CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	ANK OF NEVADA 8505 CENTENNIAL PKWY LAS VEGAS CITY STATE	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
DEFEND THE SE	ENATE		
1			
Mailing Address	228 S WASHINGTON STREET SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee Jointy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identify Full Name Mailing Address	y by na	me, address (phone number – optional)	me, address (phone number – optional)
ated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	y by name, address (phone number – optional) CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail ame of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which aintains funds. N BRIDGE BANK	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or material depository, etc.	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which aintains funds. N BRIDGE BANK	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1.					
			FEC ID r	number	С
3.			FEC ID r	number	С
			FEC ID r	number	С
4.			 FEC ID r	number	C
Name of Any Cor	nnected Organization	, Affiliated Committee, Joint F	undraising Repre	sentative	, or Leadership PAC Spons
SULLIVAN	VICTORY 2020			1 1 1	
Mailing Addr	ress 901 N WAS	SHINGTON ST, SUITE 700			
	1				
	ALEXANDI	RIA	1	VA	22314
Relationship	:	CITY A		STATE A	ZIP CODE ▲
	Connected Organization		Joint Fundraising F		
Full Name	- I				
Mailing Addres	55				
	OSITION ▼	CITY A	ST	ATE 🔺	ZIP CODE ▲
TITLE OR PO	30111011				2 0052 =

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisi r	ng Participant:			
	1		FEC	ID number	C
	2.		FEC	ID number	C
	3.		FEC	ID number	C
	4.		FEC	ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Re	epresentativo	e, or Leadership PAC Sponsor
	Mailing Address	C/O RED CURVE SOLUTIONS			
		138 CONANT STREET, 2ND FLOOR			
		BEVERLY	1	MA	01915
	Relationship:	CITY ▲		STATE A	ZIP CODE ▲
	Connecte	d Organization Affiliated Committee	Joint Fundraisi	ng Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – option	nal)		
	Full Name				
	Mailing Address				
			I	1 , 1	I I-I
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
			Telephone	Number	
9.	safety deposit boxes or ma	ories: List all banks or other depositories in valuations funds. KLIN SYNERGY BANK 134 PEWITT DR #100	which the comm	nittee deposit	s funds, holds accounts, rents
	Maining Addices				
		PRENTWOOD			27027
		BRENTWOOD		L TN	37027
ı		CITY ▲		STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundral	ising Representative	e, or Leadership PAC Sponsor
	1 228 S. WASHINGTON STREET		
Mailing Address			
	SUITE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Spon
	by name, address (phone number - optional)		
Full Name			
Mailing Address			
Mailing Address	CITY A	STATE A	ZIP CODE A
	1	STATE A	ZIP CODE A
Mailing Address	CITY A		
Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail safety deposit boxes or mail safety depository, etc.	ries: List all banks or other depositories in which that intains funds. KLIN SYNERGY BANK	STATE ▲ ephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, FRANI	ries: List all banks or other depositories in which thaintains funds.	STATE ▲ ephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which that intains funds. KLIN SYNERGY BANK 134 PEWITT DR STE 100	STATE A ephone Number	s funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the intains funds. KLIN SYNERGY BANK 134 PEWITT DR	STATE ▲ ephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
SULLIVAN FOR	THE MAJORITY		
Mailing Address	228 S WASHINGTON STREET SUITE 115		
	ALEXANDRIA	, , VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite	CITY ▲ CITY ▲ Te pries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, HUNT	CITY ▲ CITY ▲ Te pries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, HUNT	CITY ▲ CITY ▲ Te Dries: List all banks or other depositories in which aintains funds.	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY CITY Te pries: List all banks or other depositories in which aintains funds. TINGTON BANK	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY CITY Te pries: List all banks or other depositories in which aintains funds. TINGTON BANK	elephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
4.			
ame of Any Connected	Organization, Affiliated Committee, Join	t Fundraising Representat	ive, or Leadership PAC Spons
MCSALLY VICTO	ORY COMMITTE		
1			
Mailing Address	228 S WASHINGTON STREET SUITE 11	5	
			22314
	. ALEXANDRIA	ı ı VA	1 1 - 1 1
Dalatianahia	ALEXANDRIA	VA	
	ALEXANDRIA CITY d Organization	STATE STATE Joint Fundraising Represe	
Connected	CITY ▲ d Organization Affiliated Committee	STATE STATE Joint Fundraising Represe	
Connected esignated Agent: Identify	CITY ▲ d Organization Affiliated Committee	STATE STATE Joint Fundraising Represe	
esignated Agent: Identify Full Name	CITY ▲ d Organization Affiliated Committee	STATE STATE Joint Fundraising Represe	
Connected esignated Agent: Identify Full Name	CITY ▲ d Organization Affiliated Committee	STATE STATE Joint Fundraising Represe	ntative Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	CITY A d Organization Affiliated Committee by home number – opti	STATE STATE Joint Fundraising Represe	
esignated Agent: Identify Full Name	CITY A d Organization Affiliated Committee by home number – opti	STATE STATE Donal)	ntative Leadership PAC Sp

FEC Form 1S (Revised 02/2017)

3		EC ID number	C
	Organization, Affiliated Committee, Joint Fundraising	a Representative	or Leadership PAC Sponsor
THUNE VICTOR			,
Mailing Address	PO BOX 9891		
	ARLINGTON	VA VA	22219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	draising Representa	ative Leadership PAC Spons
	Affiliated Committee	draising Representa	Leadership PAC Spons
Designated Agent: Identify		draising Representa	Leadership PAC Spons
Designated Agent: Identify Full Name		draising Representation	Leadership PAC Spons
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	draising Representa	Leadership PAC Spons
Designated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mailing Name of Bank, SUNT	ries: List all banks or other depositories in which the continuous continuous and the continuous co	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	composition of the continuous states and the continuous states are stated as a state of the continuous states. List all banks or other depositories in which the continuous states are stated as a state of the continuous states.	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mailing Name of Bank, SUNT	ries: List all banks or other depositories in which the clintains funds. RUST BANK	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the clintains funds. RUST BANK	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

r(h). Joint Fundraising	Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
		FEC ID number	С
3.		FEC ID number	C
4			
	Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponso
TEAM PERDUE			
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA I	01915
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connected	Organization Affiliated Committee X Joint Fu	undraising Representa	Leadership PAC Spor
	Organization Affiliated Committee Joint Full Joint Full State of S	undraising Representa	Leadership PAC Spor
		undraising Representa	Leadership PAC Spor
Designated Agent: Identify		undraising Representa	Leadership PAC Spo
Designated Agent: Identify Full Name		undraising Representa	Leadership PAC Spor
Designated Agent: Identify Full Name		undraising Representa	Leadership PAC Spor
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	undraising Representa	Leadership PAC Spor
Designated Agent: Identify Full Name	by name, address (phone number – optional) CITY	STATE A	
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY Telepes: List all banks or other depositories in which the	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Depositorisafety deposit boxes or main	by name, address (phone number – optional) CITY Telepes: List all banks or other depositories in which the	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Depositorisafety deposit boxes or main Name of Bank, THE BA Depository, etc.	by name, address (phone number – optional) CITY CITY Telep es: List all banks or other depositories in which the ntains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositoring Safety deposit boxes or mail	by name, address (phone number – optional) CITY Telep es: List all banks or other depositories in which the ntains funds. ANK OF TAMPA	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Depositorisafety deposit boxes or main Name of Bank, THE BA Depository, etc.	by name, address (phone number – optional) CITY Telep es: List all banks or other depositories in which the ntains funds. ANK OF TAMPA	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representative	e, or Leadership PAC Spon
CORNYN MAJO	RITY TEXAS		
1			
Mailing Address	228 S WASHINGTON STREET SUITE 115		
	1		
	ALEXANDRIA	VA I	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
		Joint Fundraising Represent	
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE A Telephone Number	
Mailing Address	CITY A	ı	
Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Pries: List all banks or other depositories in	Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the position o	CITY A pries: List all banks or other depositories in aintains funds.	Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and the control of	CITY ▲ CITY ▲ Pries: List all banks or other depositories in	Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY A pries: List all banks or other depositories in aintains funds.	Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and the control of	CITY A pries: List all banks or other depositories in aintains funds. A BANK	Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY A pries: List all banks or other depositories in aintains funds. A BANK 1330 SUMMIT AVE STE 100	Telephone Number	zip code 🛦
Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or management of Bank, epository, etc.	CITY A pries: List all banks or other depositories in aintains funds. A BANK 1330 SUMMIT AVE	Telephone Number	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected GRAHAM MAJO	I Organization, Affiliated Committee, Joint Fundr RITY FUND	aising Representative	e, or Leadership PAC Spon
Mailing Address	228 S. WASHINGTON ST.		
Ü	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
	fy by name, address (phone number – optional)	Tunuraising Nepresenta	Leadership FAC 3
esignated Agent: Identi		Tunuraising Hepresenta	Leadership FAC 5
esignated Agent: Identi			Leadership FAC 5
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, WELL	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, WELL	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which naintains funds. S FARGO	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which naintains funds. S FARGO 1753 PINNACLE DRIVE	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraisin	n Participant		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
Name of Any Connected CASSIDY VICTOR	Organization, Affiliated Committee, Joint Fundrais	sing Representative	, or Leadership PAC Sponsor
Mailing Address	PO BOX 80505		
	BATON ROUGE	LA LA	70898
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee	undraising Representa	tive Leadership PAC Sponse
Full Name	by name, address (phone number – optional)		
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	Y		ZIP CODE A
TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds. OF AMERICA	STATE ▲ phone Number	
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds.	STATE ▲ phone Number	
Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the intains funds. OF AMERICA 600 NORTH WASHINGTON STREET	STATE A phone Number e committee deposits	s funds, holds accounts, rents
Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the intains funds. OF AMERICA	STATE ▲ phone Number	

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Iame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representat	ive, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON ST.		
Ü	STE. 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
Connecte		oint Fundraising Represe	ntative Leadership PAC Sp
connected Agent: Identification Full Name	ed Organization Affiliated Committee		ntative Leadership PAC Sp
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connected Agent: Identification Full Name	Affiliated Committee y y y y y y y y y y y y y		Leadership PAC Sp
resignated Agent: Identification Full Name Mailing Address	Affiliated Committee y y y y y y y y y y y y y		
resignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y y y y y CITY CITY CITY CITY Dries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, pepository, etc.	Affiliated Committee y y y y y CITY CITY CITY CITY Dries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

pplemental information g) or (h), 6, 8 and/or 9 Page $\frac{17}{2}$ of $\frac{62}{2}$

h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
TILLIS-NRSC CO	OMMITTEE		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA L	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Afficient Committee	. For decision Brown and	The standard PAG G
Connecte	ed Organization Affiliated Committee Join fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
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Connecte esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Representation	
Connecte esignated Agent: Identi	fy by name, address (phone number – optional)		
Esignated Agent: Identification of Bank, Connected Esignated Agent: Identification of Connected Esignated	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Esignated Agent: Identification of the composite of the c	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi r			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
DAINES VICTOR	XY 2020		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	Affiliated Committee Joint Ty by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
Connecte		Fundraising Representa	ative Leadership PAC Sp
Connecte		Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representa	
esignated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spanish
Connecte esignated Agent: Identif	by by name, address (phone number – optional) CITY		
connecte esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or m ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Connecte esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

Page _____ **of** _____62___

n). Joint Fundraising	•					
1.				FEC ID number		
2.				FEC ID number		
3.				FEC ID number	C	
4.				FEC ID number	С	
ame of Any Connected O		ed Committee, Jo	oint Fundrai	sing Representati	ve, or Leadership	PAC Spor
COTTON VICTOR'	Y 					
Mailing Address	901 N WASHINGTO	ON STREET				
	SUITE 700					
	ALEXANDRIA			VA VA	22314	-
Relationship:		CITY A		STATE 4	ZIP	CODE A
Connected (Organization Af	filiated Committee	X Joint F	undraising Represer	ntative Leaders	ship PAC S
esignated Agent: Identify I				undraising Represer	ntative Leaders	ship PAC S
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esignated Agent: Identify b				undraising Represer		
esignated Agent: Identify If Full Name Mailing Address	oy name, address (p		ptional)			
esignated Agent: Identify b	oy name, address (p	phone number — o	ptional)			
esignated Agent: Identify If Full Name Mailing Address	by name, address (p	ohone number – o	ptional)	STATE A	ZIP CO	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositoric fety deposit boxes or main	by name, address (p	city A	ptional)	STATE A	ZIP CO	
Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositorie fety deposit boxes or main ame of Bank, epository, etc.	by name, address (p	city A	ptional)	STATE A	ZIP CO	

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	·		
1.		FEC ID number	C
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lame of Any Connector	I Organization, Affiliated Committee, Joint Fund	roining Ponrocontative	o or Londorphin BAC Snon
TEAM COLLINS		laising hepresemative	
Mailing Address	901 N WASHINGTON ST, STE 700		
	ALEXANDRIA	, , , VA ,	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
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4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	or Leadershin PAC Snon
	LEAGUES VICTORY COMMITTEE		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Representa	tive Leadership PAC Sp
	fy by name, address (phone number – optional)		Leadership TAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		Leavership TAO S
esignated Agent: Identi	fy by name, address (phone number – optional)		Leavership TAC S
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 and

n). Joint Fundraising				
1.			D number	C
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4.		FEC	D number	C
	rganization, Affiliated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Spor
GARDNER TILLIS	VICTORY			
Mailing Address	228 S. WASHINGTON ST.			
	STE. 115			
	ALEXANDRIA		L VA	22314
Relationship:	CITY A		STATE A	ZIP CODE ▲
	Organization Affiliated Committee	Joint Fundraisi	ng Representa	ative Leadership PAC S
Connected	Organization Affiliated Committee by name, address (phone number – option		ng Representa	Leadership PAC S
Connected esignated Agent: Identify			ng Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name			ng Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		nal)	ng Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address (phone number – option	nal)	ng Representa	
Connected esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – option	nal)	STATE A	
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FEC Form 1S (Revised 02/2017)

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nnected Organization	CITY A			VA	22314
		-		STATE A	ZIP CODE A
Identify by name, add		X Joint	Fundraising	Representa	Leadership PAC S
	ress (phone number – c	optional)			
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	CITY A			STATE A	ZIP CODE ▲
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	SITION ▼	CITY A	SITION V	SITION V	SITION ▼ CITY ▲ STATE ▲ Telephone Number

FEC Form 1S (Revised 02/2017)

h). Joint Fundrais	ing Faiticipant.		<u></u>
1.		FEC ID number	C
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4.		FEC ID number	C
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
TILLIS DAINES	MAJORITY COMMITTEE		
Mailing Address	PO BOX 97275		
	RALEIGH	NC	27624
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee Joint Affiliated Committee Joint ify by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Ident		Fundraising Hepresenta	Leadership PAC S
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esignated Agent: Ident	ify by name, address (phone number – optional)	STATE A	
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional) Line (phone number – optional) CITY ▲		
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional) CITY CITY Teleprories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Funds	raising Representative	e, or Leadership PAC Spon
CO-PILOT COMI	MITTEE		
Mailing Address	PO BOX 2969		
	FARMINGTON HILLS	MI	48333
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
	y by name, address (phone number – optional)	rundraising Represent	Leadersnip PAC S
esignated Agent: Identif		Trundraising Represent	Leadersnip PAC S
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FEC Form 1S (Revised 02/2017)

n). Joint Fundraising	1	EEC ID words	
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	rganization, Affiliated Committee, Joint Fund	= -	e, or Leadership PAC Spor
FRIENDS OF MITT	JOINT FUNDRAISING COMMITT	EE	
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT STREET, SECOND FLOOR		
	BEVERLY	MA	01915
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	Organization Affiliated Committee Joint Joint Dy name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	Leadership PAC S
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esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify	by name, address (phone number – optional) CITY		
Full Name	oy name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositoric	oy name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi		FEC ID number	С
		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		T LO 15 Hambon	
lame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
TIM SCOTT'S A	MERICAN OPPORTUNITY		
1			
Mailing Address	1405 ASHLEY RIVER ROAD		
			1 1 1 1 1 1 1 1 1
	CHARLESTON	sc	29407
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Joint fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng Farticipant.		er C
1.		FEC ID numb	
2.		FEC ID numb	
3.		FEC ID numb	er C
4.		FEC ID numb	er C
	l Organization, Affiliated Committee, Joint	Fundraising Represent	ative, or Leadership PAC Spon
GREAT ARIZON	A FUND		
Mailing Address	PO BOX 341027		
	AUSTIN	TX.	78734
Relationship:	CITY A	STATE	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Joint Fundraising Repres	sentative Leadership PAC S
	ed Organization Affiliated Committee fy by name, address (phone number – option		sentative Leadership PAC S
			sentative Leadership PAC S
esignated Agent: Identi			Sentative Leadership PAC S
esignated Agent: Identi			Sentative Leadership PAC S
esignated Agent: Identi		al)	sentative Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – option	al)	
esignated Agent: Identi	fy by name, address (phone number – option	al)	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	al) STATE	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in v	al) STATE	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	g Participant:		
- (3)	1.	, , , , , , , , , , , , , , , , , , ,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.		TEO ID Hambor	<u> </u>
6.	Name of Any Connected GREAT IOWA FU	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 341027		
		AUSTIN	TX	78734
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	I Organization	int Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	1			
	Full Name			
	Full Name			
	Mailing Address	CITY A	STATE A	ZIP CODE A
		V		ZIP CODE A
	Mailing Address	V	STATE A Telephone Number	ZIP CODE A
9.	Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	Telephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	ries: List all banks or other depositories in which	Telephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	Telephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	Telephone Number	

FEC Form 1S (Revised 02/2017)

TITLE OR POSITION	pries: List all banks on		STATE A Telephone Number In the committee deposit	ZIP CODE ZIP CODE s funds, holds accounts, rents
TITLE OR POSITION Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	pries: List all banks on	<u> </u>	Telephone Number	
TITLE OR POSITION Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	pries: List all banks on	<u> </u>	Telephone Number	
TITLE OR POSITION Banks or Other Depositor bases or management of Bank,	pries: List all banks on	<u> </u>	Telephone Number	
TITLE OR POSITION	pries: List all banks on	<u> </u>	Telephone Number	
TITLE OR POSITION		<u> </u>	Telephone Number	
		1		ZIP CODE A
	\	CITY A	STATE A	ZIP CODE A
Ü				
S				
S .				
Mailing Address				
Full Name				
		(phone number – optional)	<u> </u>	
Connected	d Organization A		nt Fundraising Representa	
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
	ALEXANDRIA		ı VA ı	22314
Mailing Address	228 S. WASHINGT			
	. 220 C WASHING	TONIST		
Name of Any Connected BLUNT VICTORY		ited Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponso
			FEC ID number	C
4.			FEC ID number	C
3. 4 1 1 1 1 1				C
			FEC ID number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

n). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fo	undraising Representativ	e, or Leadership PAC Spor
2020 SENATE B	ATTLEGROUND COMMITTEE		
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY A	STATE A	ZIP CODE ▲
		Joint Fundraising Represent	ative Leadership PAC S
	Affiliated Committee Affiliated Committee Fy by name, address (phone number – optional)		ative Leadership PAC S
esignated Agent: Identi			ative Leadership PAC S
esignated Agent: Identi			ative Leadership PAC S
esignated Agent: Identi		i)	ative Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optiona	i)	
esignated Agent: Identi	fy by name, address (phone number – optiona	i)	
Full Name Mailing Address	fy by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A

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h). Joint Fundrais i	ı	FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	С
4		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
NRSC TARGETI	ED STATE VICTORY		
Mailing Address	PO BOX 60148		
	1		
	WASHINGTON	DC	20039
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC S
	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Ident		Fundraising Representa	Leadership PAC S
esignated Agent: Ident		Fundraising Representa	ative Leadership PAC S
esignated Agent: Ident		Fundraising Representa	
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional) CITY		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Teleportees: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Teleportees: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page $\underline{^{33}}$ of $\underline{^{62}}$

h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
ROBERTS DAIN	IES VICTORY COMMITTEE		
	610 S. BOULEVARD		
Mailing Address	olo di Boole Vales		
	TAMPA 	FL L	33606
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	ed Organization Affiliated Committee Joint	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	ify by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)		
Full Name Mailing Address	ify by name, address (phone number – optional) CITY	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or mame of Bank,	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or mame of Bank,	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fo	undraising Representati	ve, or Leadership PAC Spon
NORTH TO THE	FUTURE		
	DO DOV 2014		
Mailing Address	PO BOX 2814		
	SEWARD	AK	99664
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X		tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi	ify by name, address (phone number – optiona		
esignated Agent: Identi	ify by name, address (phone number – optiona		
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optiona		
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optiona	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional content of the cont	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or market	ify by name, address (phone number – optional content of the cont	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	ify by name, address (phone number – optional content of the cont	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional content of the cont	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	ify by name, address (phone number – optional content of the cont	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	ify by name, address (phone number – optional content of the cont	STATE A Telephone Number	ZIP CODE A

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n). Joint Fundraising	i artioipant.		0
1.		FEC ID numb	
2.		FEC ID numb	per C
3.		FEC ID numb	per C
4.		FEC ID numb	per C
	Organization, Affiliated Committee, Joint F	undraising Represent	tative, or Leadership PAC Spo
NRSC/NRCC VICT	FORY COMMITTEE		
Mailing Address	228 S WASHINGTON STREET #115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STAT	E ▲ ZIP CODE ▲
	Organization Affiliated Committee	Joint Fundraising Repre	esentative Leadership PAC S
Connected	Organization Affiliated Committee		esentative Leadership PAC S
Connected esignated Agent: Identify			Leadership PAC S
Connected esignated Agent: Identify Full Name			Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address (phone number – optiona		
Connected esignated Agent: Identify Full Name	by name, address (phone number – optiona		
Connected esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optiona	ll)	
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mail	by name, address (phone number – optional control of the control o	STATE Telephone Number	ZIP CODE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or main ame of Bank, epository, etc.	by name, address (phone number – optional control of the control o	STATE Telephone Number	ZIP CODE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mail	by name, address (phone number – optional control of the control o	STATE Telephone Number	ZIP CODE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or main ame of Bank, epository, etc.	by name, address (phone number – optional control of the control o	STATE Telephone Number	ZIP CODE A

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Page ______ **of** _______

Mailing Address				
Name of Bank, Depository, etc.				
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depos aintains funds.	itories in which the co	ommittee deposits	s funds, holds accounts, rents
		Telepho	ne Number	
TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
	y by name, address (phone numbe		g	
	d Organization Affiliated Comm	ittee X Joint Fundr	raising Representa	
Relationship:	WASHINGTON CITY A		DC STATE ▲	20039 ZIP CODE ▲
	WASHINGTON		DC.	20020
Mailing Address	PO BOX 60148			
	Organization, Affiliated Committe		nepresentative	, or Leadership FAC Sponso
4.				
3.		ı FE	EC ID number	C
2.			EC ID number	C
1			-	

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	С
6.	Name of Any Connected TEAM LOEFFLER	Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVE STE 101		
		ATHENS	GA	30605
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint Fo	undraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address	1		
			. 1 1 . 1	<u> </u>
		CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION		STATE A	ZIP CODE A
	TITLE OR POSITION	•		ZIP CODE ▲
		Tele	STATE ▲ phone Number	
	Banks or Other Depositor safety deposit boxes or ma	Tele	STATE ▲ phone Number	
	Banks or Other Depositor safety deposit boxes or ma	Tele	STATE ▲ phone Number	
	Banks or Other Depositor safety deposit boxes or matching the Mame of Bank, Depository, etc.	Tele	STATE ▲ phone Number	
	Banks or Other Depositor safety deposit boxes or matching the Mame of Bank, Depository, etc.	Tele	STATE ▲ phone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.				
			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
lame of Any Connected	Organization, Affiliated Commit	ee, Joint Fundrais	ng Representativ	e, or Leadership PAC Spons
CORNYN LOEFF	LER VICTORY			
Mailing Address	824 S MILLEDGE AVE STE 101			
	ATHENS		GA	30605
Relationship:	CITY A		STATE A	ZIP CODE ▲
esignated Agent: Identify	, by name address (phone numb	or optional)		
E.II Nama	y sy hame, address (phone hame	er – optional)		
Full Name		er – optional)		1 1 1 1 1 1 1 1 1 1
Full Name		er — optional)		
		er — optional)		
		er — optional)		
	CITY	er — optional)	STATE A	ZIP CODE A
Mailing Address	CITY		STATE A	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin	5 · a		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
NRSC VICTORY			
Mailing Address	PO BOX 60148		
	WASHINGTON	DC	20039
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected		t Fundraising Representa	
	by name, address (phone number – optional)		
esignated Agent: Identify			
esignated Agent: Identify			Leadership PAC Sp
esignated Agent: Identify			
esignated Agent: Identify	by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or main arms of Bank,	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or main arms of Bank,	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail ame of Bank, epository, etc.	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail ame of Bank, epository, etc.	ries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Mailing Address					
Mailing Address					
Mailing Address					
	1				
Name of Bank, Depository, etc.					
Banks or Other Deposito safety deposit boxes or ma		or other depositories in	wnich the comm	ittee aeposit	s funds, holds accounts, rents
Ponko ou Othou Dong-it-	wieer Liet all backs	or other depositories in	which the com	ittoo danasit	o fundo holdo cassinto mate
			Telephone N	lumber	
TITLE OR POSITION	▼	CITY A		STATE ▲	ZIP CODE ▲
Mailing Address					
Full Name					
Designated Agent: Identif	y by name, address	s (phone number – option	nal)		
Connected	d Organization	Affiliated Committee	Joint Fundraisin	g Representa	ative Leadership PAC Spo
Relationship:		CITY A		STATE A	ZIP CODE ▲
	ALEXANDRIA		<u> </u>	VA I	22314
Mailing Address	STE. 115				
	ı 228 S. WASHIN	IGTON ST.			
Name of Any Connected			Fundraising Re	presentative	e, or Leadership PAC Sponse
4.				D Humber	C
3.				D number D number	C
				D number	C
2.					

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or (h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
HAWLEY VICTO	DRY COMMITTEE		
	228 S. WASHINGTON STREET		
Mailing Address	SUITE 115		
			00044
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connec Designated Agent: Iden	ted Organization Affiliated Committee Joint Affiliated Committee Joint tify by name, address (phone number – optional)	Fundraising Represent	
Designated Agent: Iden Full Name		1	
Designated Agent: Iden			
Designated Agent: Iden Full Name			
Designated Agent: Iden Full Name			ative Leadership PAC Sponso
Designated Agent: Iden Full Name	tify by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Iden Full Name Mailing Address	tify by name, address (phone number – optional) CITY		
Designated Agent: Iden Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposit safety deposit boxes or in	tify by name, address (phone number – optional) CITY Telestories: List all banks or other depositories in which to	STATE A	ZIP CODE A
Designated Agent: Iden Full Name Mailing Address TITLE OR POSITIO	tify by name, address (phone number – optional) CITY Telestories: List all banks or other depositories in which to	STATE A	ZIP CODE A
Designated Agent: Iden Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposisafety deposit boxes or in Name of Bank,	tify by name, address (phone number – optional) CITY Telestories: List all banks or other depositories in which to	STATE A	ZIP CODE A
Designated Agent: Iden Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposisafety deposit boxes or name of Bank, Depository, etc	tify by name, address (phone number – optional) CITY Telestories: List all banks or other depositories in which to	STATE A	ZIP CODE A
Designated Agent: Iden Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposisafety deposit boxes or name of Bank, Depository, etc	tify by name, address (phone number – optional) CITY Telestories: List all banks or other depositories in which to	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	1	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
WICKER VICTO	RY COMMITTEE		
Mailing Address	228 S WASHINGTON STREET SUITE 115		
Mailing Address			
	ALEXANDRIA		22314
Relationship:	CITY A	STATE A	ZIP CODE A
П			. п
	Affiliated Committee	Fundraising Representa	Leadership PAC S
esignated Agent: Identi		: Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		: Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the property of the propert	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi r		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
4.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
MCCONNELL VI	CTORY COMMITTEE		
Mailing Address	228 S. WASHINGTON ST.		
Mailing Address	STE. 115		
	ALEXANDRIA	, VA	22314
Relationship:	CITY A	STATE A	ZIP CODE A
	•··· <u> </u>	0	0022 _
Connecte	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
Connecte esignated Agent: Identif		Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif		Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif		Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif		Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representa	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Anks or Other Depositor	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A

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Page 44 of 62

TITLE OR POSITION Banks or Other Depositor afety deposit boxes or ma lame of Bank, Depository, etc. Mailing Address	ries: List all banks or		Telephone Number	ts funds, holds accounts, rents
Banks or Other Depositor afety deposit boxes or ma	ries: List all banks or			ts funds, holds accounts, rents
Banks or Other Depositor afety deposit boxes or ma	ries: List all banks or			ts funds, holds accounts, rents
Banks or Other Depositor afety deposit boxes or ma	ries: List all banks or			ts funds, holds accounts, rents
Banks or Other Depositor	ries: List all banks or			ts funds, holds accounts, rents
				h fundo holdo
TITLE OR POSITION	V	ı	Telephone Number	
TITLE OR POSITION	▼			
		CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify			<u> </u>	
Connected	d Organization Aff		int Fundraising Represent	
Relationship:		CITY A	STATE A	ZIP CODE ▲
	ALEXANDRIA		, VA	22314
Mailing Address	SUITE 115			
	228 S. WASHINGTO	ON STREET		
lame of Any Connected	=	ed Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spons
4.			i LO ID Humber	<u> </u>
			FEC ID number	C
3.			FEC ID number	C
2			FEC ID number	C
2				

FEC Form 1S (Revised 02/2017)

5(g) o	or(h). Joint Fundraising	g Participant:				
	1		FEC	ID number	C	
	2.		FEC	ID number	C	
	3.		FEC	ID number	С	
	4		FEC	ID number	С	
6.	Name of Any Connected O	Organization, Affiliated Committee, Jo	int Fundraising Re	epresentative	e, or Leadership P	AC Sponsor
	LEWIS FREEDOW					
	Mailing Address	C/O RED CURVE SOLUTIONS				1
	3	138 CONANT STREET - 2ND FLOOR				
		BEVERLY		MA I	01915	1 1
	Relationship:	CITY ▲		STATE A	ZIP C	ODE A
	Connected	Organization Affiliated Committee	X Joint Fundraisi	ng Representa	ative Leadersh	nip PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - or	otional)			
	Full Name					
	Mailing Address					
]-[
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CO	DE 🛦
			Telephone	Number]-[
	Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories	in which the comm	nittee deposits	s funds, holds acco	ounts, rents
	Name of Bank,					
	Depository, etc.					
	Mailing Address					
						-
ı		CITY ▲	<u></u>	STATE A	ZIP CO	DE 🛦

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5(g) o	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected TILLIS-NRSC CO	Organization, Affiliated Committee, Joint Fundrai	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON ST.		
		ALEXANDRIA	ı VA	22314
	Relationship:	CITY A	STATE A	ZIP CODE ▲
			Fundraising Representa	
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tele	ephone Number	
	safety deposit boxes or ma	ries: List all banks or other depositories in which th iintains funds.	ne committee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds.	ne committee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds.	ne committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the intains funds.	ne committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the intains funds.	ne committee deposit	s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
GARDNER VICT	ORY COMMITTEE		
Mailing Address	228 S. WASHINGTON ST.		
Mailing Address	STE. 115		
	ALEXANDRIA	, VA ,	22314
Relationship:	CITY ▲	STATE A	ZIP CODE A
		Fundraising Representa	
Connect	Ailliated Continues " John	i unuraising nepresent	
esignated Agent: Ident	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
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Full Name	ify by name, address (phone number – optional)		
Full Name	CITY	STATE A	
Full Name	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITION	CITY A	elephone Number	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	CITY A CITY A Te ories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	CITY A CITY A Te ories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	CITY A CITY A Te ories: List all banks or other depositories in which	elephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
SAVE THE SENA	TE 2020		
	228 S. WASHINGTON STREET		
Mailing Address			
	SUITE 115		
		, VA	22314
	ALEXANDRIA		
	CITY ▲ d Organization Affiliated Committee ✓ Joi	STATE ▲ nt Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sp
Connected	CITY A		
Connected esignated Agent: Identify	CITY ▲ d Organization Affiliated Committee ✓ Joi		
esignated Agent: Identify Full Name	CITY ▲ d Organization Affiliated Committee ✓ Joi		
esignated Agent: Identify Full Name	CITY d Organization Affiliated Committee y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	CITY A d Organization Affiliated Committee y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name	CITY A d Organization Affiliated Committee y by name, address (phone number – optional) CITY A CITY A		Leadership PAC Sp

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Page 49 of 62

5(g) o	r(h). Joint Fundraisin ç	Participant:	
	1.		FEC ID number
	2.		FEC ID number
	3.		FEC ID number C
	4		FEC ID number
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON ST STE 115	
		ALEXANDRIA	VA 22314
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint Fi	rundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Tele	ephone Number
	safety deposit boxes or mai	ies: List all banks or other depositories in which the ntains funds.	e committee deposits funds, holds accounts, rents
	Name of Bank, Depository, etc.		
	Mailing Address		
		CITY ▲	STATE ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

n). Joint Fundraisin ç			1	FEC ID number	· C	
1.						
2.				FEC ID number		
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4.				FEC ID number	C	
ame of Any Connected	_	ated Committee	, Joint Fundra	ising Representat	ive, or Leadership	PAC Spor
SENATE FIREWA	LL 2020					
Mailing Address	1305 W 11TH ST					
	#213					
	HOUSTON	1 1 1 1 1 1			77008	-
Relationship:		CITY ▲		STATE A	▲ ZIP	CODE A
	Organization	Affiliated Committe	ee X Joint	Fundraising Represe	ntative Leade	ership PAC S
Connected				Fundraising Represe	ntative Leade	ership PAC S
Connected esignated Agent: Identify				Fundraising Represe	ntative Leade	ership PAC S
Connected esignated Agent: Identify Full Name				Fundraising Represe	ntative Leade	ership PAC S
Connected esignated Agent: Identify Full Name	by name, address		- optional)		ntative Leade	
Connected esignated Agent: Identify Full Name Mailing Address	by name, address	(phone number -	- optional)			
Connected esignated Agent: Identify Full Name	by name, address	(phone number -	optional)			
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	by name, address	(phone number -	- optional)	STATE A	ZIP (CODE A
Connected esignated Agent: Identify Full Name Mailing Address	by name, address	(phone number -	- optional)	STATE A	ZIP (CODE A
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FEC Form 1S (Revised 02/2017)

	ng Participant:	FEO 15 '	C
1.		FEC ID number	
2.		FEC ID number	С
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4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
COLLINS MAINE	E VICTORY		
Mailing Address	901 N WASHINGTON ST, STE 700		
	ALEXANDRIA	, , , VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A CITY A ories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mainly and the state of the s	CITY A CITY A ories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY A CITY A ories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY A CITY A ories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A CITY A ories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A CITY A ories: List all banks or other depositories in which	elephone Number	

FEC Form 1S (Revised 02/2017)

5(g) d	or(h). Joint Fundraisin	g Participant:	
	1.		EC ID number
	2.	F	EC ID number
	3.	F	EC ID number
	4	F	EC ID number
6.	Name of Any Connected MIKE LEE VICTO	Organization, Affiliated Committee, Joint Fundraisin	ng Representative, or Leadership PAC Sponsor
	Mailing Address	PO BOX 183	
		HUDSON	WI 54016
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	d Organization Affiliated Committee	draising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)	
	e nar d		
	Full Name		
	Mailing Address		
		CITY A	STATE A ZIP CODE A
	Mailing Address	V	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	Teleph	STATE ZIP CODE one Number
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main	Teleph	STATE ZIP CODE one Number
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	Teleph	STATE ZIP CODE one Number
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main that the same of Bank, Depository, etc.	Teleph	STATE ZIP CODE one Number
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main that the same of Bank, Depository, etc.	Teleph	STATE ZIP CODE one Number

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin		FEC ID number	C
1.		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
MONDAY MEETII	NG PAC		
Mailing Address	228 S. WASHINGTON STREET		
Mailing Address	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE A	ZIP CODE A
	Affiliated Committee X Joint	t Fundraising Representa	Leadership PAC Sp
Connected	Affiliated Committee Joint by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
Connected esignated Agent: Identify		t Fundraising Representa	Leadership PAC Sp
Connected esignated Agent: Identify Full Name		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Spanish
Connected esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank,	r by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or matame of Bank, epository, etc.	r by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisi	•		
1.		FEC ID number	С
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4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
GRAHAM MAJOI	KIIY FUND		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee Join Y Join Y by name, address (phone number – optional)	t Fundraising Represent	tative Leadership PAC Spo
		t Fundraising Represent	Leadership PAC Spo
Designated Agent: Identif		t Fundraising Represent	Leadership PAC Spo
Designated Agent: Identif	y by name, address (phone number – optional)		
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Designated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional) CITY		
Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	cy by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	cy by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite cafety deposit boxes or management.	cy by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	cy by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi n	y Participant.								
1.					FEC ID	number	С		
2.					FEC ID	number	C		
3.					FEC ID	number	С		
4.					FEC ID	number	С		
ame of Any Connected		ffiliated Comm	ittee, Joint	Fundrais	sing Rep	esentativ	e, or Lea	ndership PA	C Spon
RED VICTORY 20	JZZ 								
Mailing Address	PO BOX 183								
Mailing Address									
	HUDSON					ı WI ı	. 540	016	
Relationship:		OITY							
neialionship.		CITY	A			STATE A		ZIP CC	DDE A
	d Organization	Affiliated Cor	_		undraising	Represent	ative	Leadershi	p PAC S
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esignated Agent: Identify			_		undraising	Represent	ative	Leadershi	PAC S
esignated Agent: Identify			_		undraising	Represent	ative	Leadershi	PAC S
esignated Agent: Identify	by name, addre		nber – option	nal)		Represent		Leadershi	
esignated Agent: Identify Full Name	by name, addre	ss (phone num	nber – option	nal)					
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Full Name Mailing Address TITLE OR POSITION	/ by name, addre	city A	nber – option	nal)	S sphone Nu	TATE A		ZIP COE	- L L
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	/ by name, addre	city A	nber – option	nal)	S sphone Nu	TATE A		ZIP COE	- L L
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FEC Form 1S (Revised 02/2017)

emental information or (h), 6, 8 and/or 9 Page $\frac{56}{}$ of $\frac{62}{}$

n). Joint Fundraisi r	ng Participant:		
1		FEC ID number	C
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3.		FEC ID number	С
4.		FEC ID number	С
7.			
	Organization, Affiliated Committee, Joint F	Fundraising Representativ	e, or Leadership PAC Spon
TEAM RAND			
	_I PO BOX 190		
Mailing Address			
	NEWPORT	KY KY	41072
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Joint Fundraising Represent	ative Leadership PAC S
Connecte			Leadership PAC S
Connecte	d Organization Affiliated Committee		ative Leadership PAC S
Connecte	d Organization Affiliated Committee		Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee		ative Leadership PAC S
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Connecte esignated Agent: Identif Full Name Mailing Address	Affiliated Committee Ty by name, address (phone number – options)	al)	Leadership PAC S
Connecte esignated Agent: Identif	Affiliated Committee Ty by name, address (phone number – options)	al)	
Connecte esignated Agent: Identife Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or management of Bank,	Affiliated Committee Ty by name, address (phone number – options CITY CITY CITY Dries: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or management of Bank, epository, etc.	Affiliated Committee Ty by name, address (phone number – options CITY CITY CITY Dries: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
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Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or management of Bank, epository, etc.	Affiliated Committee Ty by name, address (phone number – options CITY CITY CITY Dries: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
UNITED TO WIN			
	_I PO BOX 9891		
Mailing Address			
	ARLINGTON	VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi	Affiliated Committee Join Join Market State of the Affiliated Committee Join Market State of the Affiliated Commit	t Fundraising Represent	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
		FEC ID number	С
4			
=	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
TEAM JONI			
Mailing Address	PO BOX 93441		
Mailing Address			
	DES MOINES	ı ı IA ı	50393
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
riciationship.	OH F	SIAIE	ZIF CODE
	Affiliated Committee Joint Joint by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) (or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrais MAJORITY FUND	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON ST.		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	undraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tele	phone Number	
9.				
	safety deposit boxes or ma	ies: List all banks or other depositories in which th intains funds.	e committee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma		e committee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma		e committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.		e committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.		e committee deposit	s funds, holds accounts, rents

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			FEC ID number	С
3. 4. A. Name of Any Connected			FEC ID number	
A. Name of Any Connected				C
Name of Any Connected			FEC ID number	C
			FEC ID number	C
		ed Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
RUBIO VICTORY				
Mailing Address	228 S WASHINGTO	N STREET SUITE 115		
	ALEXANDRIA		VA	22314
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Aff	liated Committee	Fundraising Representa	Leadership PAC Spon
Designated Agent: Identify Full Name	by name, address (p	none number – optional)		
Mailing Address				
TITLE OR POSITION		CITY A	STATE ▲	ZIP CODE ▲

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
BLACKBURN VI	Organization, Affiliated Committee, Joint Fun CTORY FUND	draising Representativ	e, or Leadership PAC Spon
Mailing Address	PO BOX 3241		
	BRENTWOOD	TN	37024
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joby by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC S
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esignated Agent: Identi	y by name, address (phone number – optional)		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	1	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
CORNYN VICTO	ORY COMMITTEE		
Mailing Address	PO BOX 13026		
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	AUSTIN	NC NC	78711
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
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